

CAPITAL EQUIPMENT CLAIM FORM



**KENTUCKY
DEPARTMENT
FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
UNDERGROUND STORAGE TANK BRANCH
81 C. MICHAEL DAVENPORT BLVD.
FRANKFORT, KENTUCKY 40601
(502) 564-5981 / (800) 928-7782
<http://www.waste.ky.gov>**

FOR STATE USE ONLY:

GENERAL INFORMATION

This claim form shall only be used to recover expenses for purchase of new capital equipment as approved under the provisions of 401 KAR 42:250 Section 13. The cost of the new equipment shall not be reimbursed until a corrective action agreement (CAA), which will include the reimbursable cost of the capital equipment, is finalized between the cabinet and the owner or operator.

NOTE: Reimbursement shall be limited to the original purchase price less the anticipated salvage value, including applicable sales tax. This cabinet shall not reimburse for markup. The purchase of new equipment shall be considered by this office at 100% of the invoice price for the system with the least expensive life cycle costs. If the applicant elects to purchase new equipment with a greater life cycle cost, the applicant shall be responsible for the amount above the most economical bid price. The applicant shall be responsible for unscheduled maintenance costs covered by the new equipment warranty.

Reimbursement of any other expenses including the installation of the system may not be requested on this form. Other reimbursable costs may be submitted for consideration on the Claim Request Form DEP6064/01/06.

AGENCY INTEREST #:

APPLICANT INFORMATION

FACILITY INFORMATION

FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:

FACILITY NAME:

OWNER/OPERATOR MAILING ADDRESS:

PHYSICAL LOCATION:

CITY:

STATE:

ZIP CODE:

CITY:

COUNTY:

ZIP CODE:

TELEPHONE
NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

FACILITY CONTACT PERSON:

FACILITY TELEPHONE NUMBER:

LEGALLY AUTHORIZED REPRESENTATIVE OR
AGENT:

TELEPHONE NUMBER:

FACILITY FAX NUMBER:

FACILITY E-MAIL ADDRESS:

CORRECTIVE ACTION PLAN INFORMATION

Has a Corrective Action Plan (CAP) been submitted to the USTB? ☐ YES If so, date submitted: ____ / ____ / ____ ☐ NO

Date USTB requested CAP: ____ / ____ / ____

Date USTB approved CAP: ____ / ____ / ____

NOTE: CAP must be approved by the USTB prior to reimbursement of capital equipment costs.

PAYMENT INFORMATION

(Check only one)

- ☐ 50% Partial Payment of approved costs prior to installation of the approved system
- ☐ FINAL 50% Payment due upon verified installation of approved system

AMOUNT REQUESTED

\$ _____

(Total must match total of all invoices on the PSTAEF Invoice Listing Form DEP6065/01/05)

ACTIVITIES PERFORMED FOR THIS CLAIM

(Check appropriate costs associated with this request)

- ☐ CAP Design: Implementation/Installation: Remediation Equipment
- ☐ Initial Abatement/Free Product Recovery: Capital Equipment
- ☐ Other: _____

CAPITAL EQUIPMENT CLAIM FORM CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or Agent of the applicant AND I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT ALL COSTS ARE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF CORRECTIVE ACTION. I FURTHER CERTIFY THAT, IF NOT THE OWNER OR OPERATOR, I AM AUTHORIZED BY THE OWNER OR OPERATOR AS AN AGENT TO MAKE THIS CERTIFICATION, OR I AM THE PERSON CERTIFIED UNDER 401 KAR CHAPTER 42 AND MY CERTIFICATION IS IN GOOD STANDING.

SIGNATURE REQUIREMENTS: For a corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, must be a general partner, the proprietor or individual, respectively. For a municipality, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:	
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:	
CERTIFIED CONTRACTOR'S SIGNATURE:	USTB CERTIFIED CONTRACTOR #:	DATE:
CERTIFIED COMPANY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	USTB CERTIFIED COMPANY #:	DATE:

FOR STAFF USE ONLY:

FILE/CORRE #:	ACCOUNT: FRA / PSTA	VENDOR ID #:	CLAIM REQUEST #:
	<u>AMOUNTS</u>	<u>SIGNATURES</u>	<u>DATES</u>
AMOUNT OF ENTRY LEVEL:	\$ _____	_____	____/____/____
AMOUNT MET: YES / NO		STAFF	
TOTAL AMOUNT OBLIGATED:	\$ _____		
TOTAL AMOUNT PAID	\$ _____	_____	____/____/____
		BRANCH MANAGER	
TOTAL ADJUSTMENT:	\$ _____		
AMOUNT RECOMMENDED TO BE PAID:	\$ _____	_____	____/____/____
		CABINET APPROVAL	

If you have questions on how to fill out this form or to request a review of your facility records, please contact the USTB at (502) 564-5981 / (800) 928-7782 or visit our website at <http://www.waste.ky.gov>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****